

YOU'RE AMAZING **EVALUATION INTERIM REPORT**



A Partnership for Healthier Living



You're Amazing
Evaluation
Interim Report

prepared by

Diane Dennis, Population Research Laboratory

and

Linda Reutter, Faculty of Nursing

University of Alberta

For

Alberta Health

August 28, 1998

PRL - Population Research Laboratory
Department of Sociology
University of Alberta
1-62 HM Tory Building
Edmonton, Alberta T6G 2H4

Telephone: (403) 492-4659 Fax: (403) 492-2589

ACKNOWLEDGEMENTS

The Population Research Laboratory, Department of Sociology, University of Alberta is conducting this evaluation research for Alberta Health.

Acknowledgements are due to the many individuals and organizations who have contributed to the success of this important project. In particular, the contributions provided by the *You're Amazing* Evaluation Steering Committee are recognized. The members of this committee, in transition at the time of writing, include:

- Mary Gartrell, Project Manager, Alberta Health;
- Dr. Douglas Wilson, Professor, Public Health Services, Faculty of Medicine, and Faculty Associate, Centre for Health Promotion Studies, University of Alberta;
- Rick McHutchion, Project Consultant;
- Dennis Stokes, Alberta Environmental Protection;
- Gus Thompson, Surveillance Branch, Alberta Health;
- Michael Harvey, Standards and Measures, Alberta Health;
- Keith McLaughlin, Policy Development, Alberta Health;
- Betty Jeffers, Health Policy Development, Alberta Health;
- Christine Forth, Standards and Measures, Alberta Health;
- Sandy Huculak/ Lesley Gronow, Communications, Alberta Health;
- Dona Miller, Public Affairs Bureau; and
- Penny Mosmann, Health Promotion & Programs Branch, Health Canada.

Members of the Population Research Laboratory team working on this project are

- Dr. Linda Reutter, Associate Professor, Faculty of Nursing, University of Alberta;
- Diane Dennis, Population Research Laboratory, Department of Sociology, University of Alberta;
- Dave Odynak, Population Research Laboratory, Department of Sociology, University of Alberta;
- Telephone interviewers and their supervisors, Population Research Laboratory, Department of Sociology, University of Alberta; and
- Dr. Allison McKinnon, Executive Director, Population Research Laboratory, and Faculty Associate, Centre for Health Promotion Studies, University of Alberta.

Dr. Harvey Krahn, Professor, Department of Sociology, University of Alberta provided consultation during the interim phase of this project.

Our thanks go to all of these individuals and organizations for their contributions.

Diane Dennis
Linda Reutter

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YOU'RE AMAZING EVALUATION INTERIM REPORT

EXECUTIVE SUMMARY

This report presents results obtained from an interim survey of 423 Albertans between the ages of 18 and 30 years who were interviewed for the purpose of measuring the impact, reach, and visibility of the provincial *You're Amazing* health promotion program. These 423 individuals, all parents of children, had previously participated in a baseline survey conducted in 1997 to obtain baseline information on their knowledge, attitudes, and behaviours related to health determinants and responsibility for health and well being.

The interim survey is the second of three surveys in the panel design being used for evaluation of the *You're Amazing* program. Conducted between February and March of 1998, this survey was designed to assess the reach and visibility of the *You're Amazing* program elements and to find out whether the target audience (18-30 year old parents) displayed any changes in areas of interest. Key results addressed in this report are as follows:

- Impacts of the *You're Amazing* program on young parents' awareness of the determinants of health;
- Factors identified by young parents as contributors to well-being and health;
- Comparisons of baseline and interim results on parents' awareness of selected determinants of health; and
- Perceptions of responsibility for well-being and health reported by those parents surveyed.

The You're Amazing Program

The *You're Amazing* program is a media, social marketing, and advertising campaign designed to promote well-being and health for young parents, their families and their communities. The program was launched in June 1997. Between June, 1997 and March 1998, a number of program elements were implemented across Alberta. These elements included a travelling display named "*You Ought to be in Pictures*" that toured the province in the summer of 1997; radio promotions of this event and of the *You're Amazing* program; distribution of novelty items featuring the *You're Amazing* logo; and posters, brochures and 1998 wall calendars featuring *You're Amazing* messages. Full-page advertisements that carried the *You're Amazing* messages ran in five consecutive issues of *Calgary's Child*. The program was also featured in various newspapers and two television programs during this period. Program messages focus on the influence on health of a broad range of factors: specifically, coping skills; social support; employment and working conditions; income and financial management; and early childhood experiences.

Program Reach

Sixty respondents, or 14.2 percent of the total sample (N=423) had heard of the *You're Amazing* program. Thirty-six of these sixty respondents (60%) were aware of only one element, eleven (18%) were aware of two elements, and four people (6%) were aware of three or four elements. Another five (8%) had only heard of the program through family or friends, but had not seen any of the program elements.

The calendar and the summer tour had the greatest reach of the program elements. For each of these elements, twenty-two respondents reported having seen these elements. Posters were seen or obtained by fifteen respondents and novelties were seen or obtained by twelve respondents. Only seven respondents reported having heard the radio promotion. Eight respondents reported having seen the brochure. In sum, none of the elements reached more than five percent of the total sample (N=423).

While only 14 percent of respondents were aware of the *You're Amazing* program, 97 percent indicated that they had seen or heard messages about well-being and health from other health promotion initiatives. Television advertising and magazine articles were the most frequently cited sources for this information.

Program Impact

The respondents who were aware of the *You're Amazing* program felt that it was a positive initiative and appreciated its messages. When asked what messages they received from the program, the majority of responses related to messages that were the focus of the *You're Amazing* program. However, of the 60 respondents who had some contact with the program, almost half (n=27) were unable to identify a program message. More than three-quarters (77%; n=46) of the respondents identified positive aspects of the program which support the *You're Amazing* messages and intent. The main area for improvement suggested by respondents was to extend the reach of the program.

Awareness of Health Determinants

The results of the baseline survey indicated that the majority of young parents already exhibit a general awareness of the broad determinants of health. Repeated measures in the interim survey showed little change in the target group as a whole. An analysis of variance was used for comparison of baseline and interim responses between groups of respondents who were aware of the program and those who were not. This analysis revealed significant differences between the groups on only two of 39 items. For one item, however, the exposed group showed a positive change and in the other there was a negative change. Given that, for the majority of items, there were no statistically

significant changes, there is no clear indication that the significant differences in knowledge about health determinants are attributable to the *You're Amazing* program.

Factors Contributing to Well-being and Health

At baseline and interim, respondents were asked to identify factors that contribute to their family's well-being and health. These responses were then categorized into the various health determinants. There was little change in the target group responses between baseline and interim. Young parents continue to demonstrate a general awareness of the broad determinants of health. As in the baseline survey, the most frequently identified factors fell into the following determinant categories: Biology and Genetic Endowment--"good physical health" (46%), Social Support Networks--"time with family" (40%), Personal Health Practices--"good nutrition" (39%), Child Development--"stable secure home life" (30%), and Income--"financial security" (27%). It should be noted that Biology and Genetic Endowment and Personal Health Practices were not the focuses of the *You're Amazing* program messages. Respondents could identify as many factors as they wished in the interim survey, but had been limited to only four responses at baseline. This resulted in an increase in the percentage of items identified in each of the determinant categories; however, the distribution of responses over the determinant categories was similar to that in the baseline. No statistical analysis was carried out on this data because the format of the question changed.

Comparisons of Baseline and Interim Measures of Awareness of Determinants of Health

A paired-samples analysis of thirty-nine fixed response items that rate the importance or effect of selected health determinants was carried out to see if there were any changes between baseline and interim means for the whole sample. The analysis revealed a number of significant differences between baseline and interim means for these items. For most of the items, there was a significant decrease in the mean rating. However, there does not appear to be a trend in the data that could provide a rationale for these changes. Overall, the mean responses at both times are quite high, usually great than four on a five-point scale, which suggests there may be a ceiling effect.

Perceptions of Responsibility for Well-being and Health

Young parents continue to agree that both individuals and government have responsibility to take a role in the promotion of well-being and health.

Sample Representativeness

Comparison of the baseline sample with a sample of 18-30 year old parents [primary caregivers] from the General Social Survey-Cycle 10, 1995 (Statistics Canada, 1995) confirm the socio-demographic representativeness of the sample of young adult Albertans

participating in this interim survey. The sample is weighted, using 1996 Canadian Census data, to adjust for the urban-rural composition of the Alberta population.

Attrition

The sample for the interim survey consisted of 423 18-30 year old parents who responded to the baseline survey and who agreed to be called back for the follow-up surveys. A *t*-test was carried out to compare responses of those who remained in the study with responses of those who did not to determine if there were significant differences between the groups with respect to selected demographic characteristics and responses to items that measured levels of awareness.

Significant differences were found with respect to urban and rural residents. This difference is dealt with by adjusting the sample with the same weighting scheme, based on the 1996 Census, used for the baseline survey.

Significant differences between the groups were also found for five of the fixed response items that measure awareness of the determinants of health. However, some of these differences were contradictory and the overall means were over four on a five-point scale, for four of the items. The fifth item, rating the importance of chance or luck to well-being and health had a mid-range mean rating (almost 3) in both groups.

Conclusion

The main purpose of the interim survey was to provide an indicator of the reach and impacts of the *You're Amazing* program elements implemented up to the time when the survey was conducted in early 1998, approximately seven months into program implementation. Based on results obtained from the interim survey, it appears that individual program elements have had limited reach, with fewer than five percent of the sample (N=423) reporting they had seen any single element. However, multiple program elements running concurrently have led to higher levels of awareness of the *You're Amazing* program, with fourteen percent of the total sample reporting some contact with the program. While this level of awareness is considered successful by people experienced in social marketing, it may be reasonable to conclude that more intensive effort and more focused messaging is required for the effective dissemination of the *You're Amazing* program.

Regarding levels of knowledge about health determinants, little change in general awareness of health determinants was observed among the 423 Albertans who were interviewed for both the baseline and interim surveys. Reasons for these findings are unclear, but they may be due in part to the fact that many of those surveyed had a general understanding of health determinants at the time when they were first interviewed.

1. INTRODUCTION

This report contains interim findings from an evaluation of the *You're Amazing* health program, an evaluation that is being conducted for Alberta Health by the Population Research Laboratory, University of Alberta. A baseline report, published in November 1997, established benchmarks for comparisons of results obtained from a follow-up survey of 423 Albertans who had participated in the first, baseline survey of their knowledge, attitudes and behaviours. In this interim report, the following content areas and key results are addressed:

- A description of the *You're Amazing* program elements and reach,
- Impacts of the program on young parents' awareness of determinants of health,
- Factors identified by these parents as contributors to family well-being and health,
- Comparisons of baseline and interim measures of these parents' awareness of selected determinants of health, and
- Perceptions of responsibility for well being and health reported by those interviewed.

1.1 BACKGROUND

The Provincial Health Promotion Project is a two-year initiative, spearheaded by Alberta Health, that is intended to increase young parents' awareness of the broad determinants of well-being and health, and to encourage parents' active involvement in looking after their own, their family's, and their community's well-being and health. This initiative has evolved into the *You're Amazing* program, which is a media, social marketing, and advertising campaign designed to promote well-being and health for young parents, their families, and their communities. The primary target group, "young parents," consists of parents 18 to 30 years of age. The secondary target group, "influencers," consists of individuals who have regular contact with, and an influence on, young parents.

Alberta Health launched the *You're Amazing* program in June, 1997. A number of program elements were carried out between program launch and February, 1998, when the interim survey was conducted.

Guiding Principles

The guiding principles for the *You're Amazing* program are reflected in the goal statement of Alberta Health for an emphasis on population health in Alberta Health's *Three-Year Business Plan and Supplement 1996-97 to 1998* (February, 1996). More specifically,

Health will be understood in the broadest sense of physical, mental, social, and spiritual well being and as a resource for everyday living. In addition

to understanding that health is influenced by such factors as social, physical and economic environments, behavioural practices and lifestyle, one's own genetic endowment, and health services, people will understand that it is important to be involved in the protection and promotion of health.... People will also understand that they have a responsibility for becoming active participants in their own health and well being. (P.17.)

The *You're Amazing* program addresses this goal by targeting young parents. Young parents were chosen as the target group because they are motivated to change by the transition to parenthood and are receptive to new information. Moreover, changes in attitudes and behaviours in these young parents will also influence their children and their communities.

Both the *You're Amazing* program and the evaluation study are guided by the World Health Organization's conceptualization of health as a state of complete physical, mental, and social well-being, and not merely the absence of disease. Many different determinants of well being and health are recognized. The *You're Amazing* program uses the determinants of well-being and health as conceptualized by the Federal, Provincial and Territorial Advisory Committee on Population Health¹ (1994): Income and Social Status, Social Support Networks, Personal Health Practices, Coping Skills, Child Development, Employment and Working Conditions, Education, Physical Environments, Health Services, and Biology and Genetic Endowment.

Purpose of the *You're Amazing* Program

The purpose of the *You're Amazing* program is to promote health by providing information, tools and support that address the different factors that determine individual, family and community health, and by encouraging individual responsibility for health. The *You're Amazing* program encourages young parents to think of the determinants of well-being and health as more than biology, genetics, and interaction with health services such as medical doctors and hospitals. The *You're Amazing* program is designed to increase awareness of the importance of the other determinants of well-being and health including income (from the perspective of financial management), social support networks (friends, family and community), coping skills (dealing with daily stress), child development (early childhood experiences), and employment and working conditions.

The *You're Amazing* program has three goals:

1. To increase young parents' awareness of the broad determinants of their own, their family's, and their community's well-being and health;
2. To increase young parents' awareness of their role in looking after their own, their family's, and their community's well-being and health; and

¹ *Strategies for Population Health: Investing in the Health of Canadians*. Prepared by the Federal, Provincial and Territorial Advisory Committee on Population Health for the Meeting of the Ministers of Health, Halifax, Nova Scotia, September 14-15, 1994.

3. To increase young parents' active involvement in looking after their own, their family's, and their community's well being and health.

Partnerships

A key aspect of the *You're Amazing* program involves establishing links to communities, Regional Health Authorities (RHAs), and existing health promotion programs through a variety of partnerships. The partnership component of the program is intended to support and complement health promotion activities in RHAs and other agencies by providing improved visibility and co-ordination for these partners' activities.

The *You're Amazing* program has also established partnerships with corporate sponsors, namely, Alberta Credit Unions, Pfizer Canada, Inc., Merck Frosst Canada, Inc., Hoechst Marion Roussel Canada, Inc. and Wyeth-Ayerst Canada Inc., who provide additional funding for the program. (Polaroid provided an in-kind contribution of film and cameras for the "You Ought to Be In Pictures" tour.) This funding is used to increase the reach of the program. Sponsoring partners' logos appear on all the *You're Amazing* program materials.

Both the community and corporate partnerships will serve to sustain the *You're Amazing* program messages beyond the two year term of the program. The evaluation of this component is being carried out separately and results will be included in the final evaluation report.

1.2 PURPOSE OF THE EVALUATION

The purpose of this program evaluation is to assess the effectiveness of the *You're Amazing* program in increasing young parents' awareness of the broad determinants of well-being and health and in increasing their involvement in looking after their own, their family's, and their community's well-being and health.

The evaluation has five specific objectives:

1. To assess the effectiveness of the *You're Amazing* program in increasing young parents' awareness of the broad determinants of their own, their family's, and their community's well-being and health;
2. To assess the effectiveness of the *You're Amazing* program in increasing young parents' awareness of their role in looking after their own, their family's, and their community's well-being and health;
3. To assess the effectiveness of the *You're Amazing* program in increasing young parents' active involvement in looking after their own, their family's, and their community's well-being and health;
4. To assess the visibility to young parents of the *You're Amazing* program;
5. To assess the response of young parents to the various *You're Amazing* program elements.

Accordingly, the evaluation study examines young parents' exposure to the *You're Amazing* program along with their awareness of the environmental, social, socio-economic, and personal determinants of well-being and health before and after the *You're Amazing* program. In addition, the evaluation study examines young parents' awareness of their role and involvement in looking after their own, their family's, and their community's well-being and health by examining health behaviours and changes they have made or intend to make to promote well-being and health.

1.3 DESIGN OF THE EVALUATION STUDY

The evaluation incorporates a before and after panel study design to assess changes resulting from the intervening *You're Amazing* program. The panel study consists of a baseline survey, conducted prior to implementation of the *You're Amazing* program and two follow-up surveys with the same respondents from the baseline survey. The baseline study assessed responses to questions that measure awareness of the determinants of health that are the focus of the *You're Amazing* program, namely, Social Support Networks, Income, Coping Skills, Child Development, and Employment and Working Conditions, as well as their awareness of determinants that are not part of the central program focus. This provides an internal "control" that will allow us to separate the effects of the "You're Amazing" program from broader currents of change. The questions used in the baseline survey are repeated in each of the follow-up questionnaires. Additional questions are asked in the follow-up surveys to determine the visibility of, and public response to, the *You're Amazing* program elements.

Survey Instrument

For the interim survey, many of the questions asked at baseline were omitted since it is unlikely that significant change will have occurred in the target group at this time. The main interest at this point is the level of program awareness in the target group. The questionnaire (See Appendix A) includes selected measures for comparison with the baseline data.

1. Questions about the determinants of well-being and health

Respondents were asked how important such factors as physical environments, social networks, child development, socio-economic factors and personal health practices and coping skills are for the well being and health of themselves and their families. The same questions asked at baseline were repeated, except for those that appeared to be influenced by social desirability.² Some new questions were added to provide more adequate representation for some determinants. (These are noted in the questionnaire, Appendix A.) Respondents to the interim survey were also asked an open-ended question about

² Questions relating to child abuse and spousal abuse were not included in the interim survey because responses may have been the result of a social desirability effect with fewer than 2% of respondents rating them as having little or no effect on well-being and health.

what factors contribute to well being and health. Other open-ended questions regarding well being and health from the baseline were omitted for the interim survey.

2. Questions regarding attitudes about personal role in looking after well-being and health

Respondents were asked fixed response questions regarding attitudes about the role of the individual, the community, and government in looking after well being and health.

3. Questions about current well-being and health status

Questions relating to respondents' current well being and health were repeated from the baseline questionnaire. Ratings were obtained for the health, well being and personal health practices of the respondent.

4. Demographic variables

Demographic variables for age and marital status were repeated in the interim survey as a check to ensure that the respondent at the interim was the same as the respondent at baseline. Other demographic variables, such as level of education and income, were not repeated because little change was expected for these variables over the one-year period.

5. *You're Amazing* Program Awareness

This section was added to address the reach and visibility of the program elements. Fixed response questions are used to determine visibility of each program element. Open-ended questions address the impact of the program—these questions ask about awareness of the program message, what is good about the program and what could be done to improve the program. The effect of other similar health promotion programs is addressed with a question regarding respondents' awareness of other programs and messages. A question regarding the recognition of program sponsors is also asked.

2. METHODOLOGY

2.1 SAMPLING DESIGN

The sample for the interim survey was a panel that comprised all of the respondents to the baseline survey who agreed to be called again in a year's time to complete a second survey. If they agreed, they were asked to provide their name and address, as well as the names, phone numbers and addresses of two other contacts who could help locate them if they had moved.

Respondents for the baseline survey were selected if either they or their spouse were 18 to 30 years of age. As a result, approximately 10 per cent of the baseline sample were over 30 years of age. The Evaluation Steering Committee and the PRL evaluation team decided that, in order to provide a more accurate representation of the target group with respect to age, only respondents who were 30 years of age or less at baseline would be called in subsequent surveys. Of the 572 respondents who were 30 years of age or

younger at baseline, 545 (95%) agreed to be called back for the follow-up surveys.

Baseline Sample Representativeness

The targeted sample population for the baseline survey was Albertans between the ages of 18 and 30 who had children. Couples who had no children were excluded. In addition, institutionalized populations were excluded from the target sample population, as were all individuals who did not live in a household with a telephone.

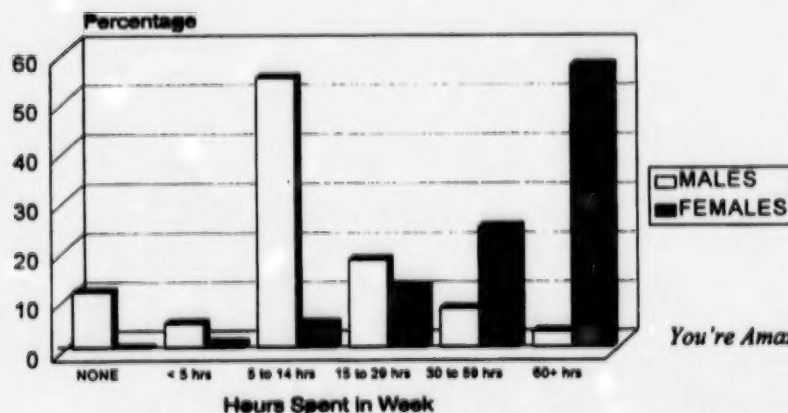
The unit of analysis is individuals who are the primary caregivers in their families.

In using a panel design, it is important to establish that the sample from the baseline survey is representative of the target group population. In order to assess the representativeness of the sample, a similar survey conducted with similar parameters was used for comparison. Data from the 1995 General Social Survey, Cycle 10 – Family and Friends (GSS) were selected because it is a national survey that identifies caregiver status of 18-30 year old parents, which allows comparison to the baseline sample when restricted to the province and to similar age and family patterns. Thus, we can determine the representativeness of the baseline sample with respect to selected demographic variables based on the caregiver criterion.

Females as Primary Caregivers

In the 1995 General Social Survey, 71 percent of Alberta males aged 18 to 30 with children said that they spent less than 14 hours per week looking after children. Only 6 percent of Alberta females, aged 18 to 30 with children, reported that they spend less than 14 hours per week looking after children. On the other end of the child care continuum, 57 percent of Alberta females, aged 18 to 30 with children, reported spending 60 or more hours per week looking after children, while only 3 percent of Alberta males, aged 18 to 30 with children reported 60 or more hours. This data supports obtaining a sample that consists primarily of females, such as was obtained in the baseline study (76% female). Figure 1 below illustrates these dramatic differences in child care by gender in the province.

Figure 1.
Hours Spent Looking After Children Without Pay by Gender
Albertans aged 18 to 30 with Children



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Baseline Data Comparison with General Social Survey Cycle 10 on Selected Demographic Variables

In the baseline survey, quota sampling was not used because of financial restrictions. Random digit dialling techniques were used to randomly select Alberta households. The sampling method took advantage of the trend for females (who are more likely to be primary care givers) to answer the phone. The sampling method also resulted in an over-representation of rural respondents. In order to account for this difference, a weighting scheme, based on the 1996 census, was used to adjust the sample to account for urban/rural distribution.

Comparisons between the baseline data and the 1995 General Social Survey Cycle 10 were made on the selected variables of age, marital status, education and annual household income. When using the selection criteria of age, and family status, and caregiver status, the GSS sample had a gender distribution similar to the baseline sample. Although the GSS is a large national survey, when imposed with the selection criteria, the effective sample size of the 1995 GSS is fewer than 100 Albertans. Therefore, the comparisons made here may be subject to extreme sampling variability and the results with respect to representativeness should be interpreted with extreme caution where large differences between the samples are found.

Age

In the baseline survey, 31 percent of the sample were aged 25 or younger. In the GSS sample, 30 percent of the sample with similar characteristics were aged 25 or younger. The median age in both surveys was 27 years of age.

Marital Status

In the baseline sample, 65 percent reported being married, 15 percent reported common-law relations, and 15 percent were single never married lone parents. The 1995 GSS showed a similar distribution of marital status with 64 percent married, 19 percent in a common-law relationship and 13 percent reporting a single never married lone parent status.

Education

A comparison between the two surveys on the highest level of education attained by respondents also showed comparable distributions. In the baseline survey, 47 percent of the sample reported an education level up to high school, whereas in the 1995 GSS, 45 percent of Alberta sample reported a high school education or less.

Income

Household income was another measure of comparison between the two surveys. A comparison was made with household income adjusting for those who did not report an income in the two surveys.³ The respondents in the 1995 GSS reported slightly higher

³ The 1995 GSS sample selected had a larger percentage of respondents indicating that they did not know their household income (15.4%), while the baseline sample only had 3.2% of respondents not knowing

household incomes than respondents in the baseline survey. The median income level reported by the baseline respondents was \$32,500, whereas the 1995 GSS respondents reported a median income level close to \$40,000.

Sample Representativeness

Based on the comparison with the GSS sample, it appears that the baseline sample is representative of the population of 18-30 year old parents in Alberta who are the primary caregivers for children in their families. No comparison data with respect to urban/rural differences are available for the GSS sample. However, based on 1996 Census data, rural respondents were over-represented in the baseline survey and a weighting scheme based on 1996 census was used to adjust the sample.

2.2 DATA COLLECTION

The *You're Amazing* Evaluation Interim Survey was administered through the eighteen-station CATI (Computer-Assisted Telephone Interviewing)⁴ system installed on a local area network at the PRL. This system facilitates the exchange of information among interviewing PC stations and supervisor stations linked via a file server during the data collection period. Supervisors monitor call dispositions, field edit, track interviewer productivity, and accumulate data for analysis.

A telephone database was constructed using respondent data from the baseline survey. The telephone database was loaded into the CATI system, which randomly allocated telephone numbers to the interviewing stations. The question text and instructions were presented on the computer screen to the interviewer who asked the questions to the respondent over the telephone and then entered the given responses into the computer.

At the end of the interviewing period, coding frames were developed and trained coders electronically coded the open-ended question responses. The open-ended codes were then merged with the closed-ended codes and converted to a SPSS system file for additional cleaning, labeling and analysis.

The interviewing began February 9, 1998 and was completed by March 20, 1998. All of the telephoning was conducted from centralized telephoning facilities at the University of Alberta, primarily during evening and weekend hours. Upon making contact, the interviewer identified herself/himself, verified the telephone number, and then asked the screening questions for selecting the respondent. Before administering the questionnaire, the interviewer advised the respondents that their participation was voluntary, their responses would be kept completely confidential, and they could terminate the interview at any time.

their household income.

4 The Ci3 CATI System is a PC-based product of Sawtooth Software, Evanston, Illinois.

If the interviewers were unsuccessful in establishing contact on their first call, they were to make a minimum of twelve callback attempts before declaring a telephone number as "no contact." If respondents could not be reached, the contacts provided by the respondents at baseline were called to see if they could assist in locating the respondent. Table 1, below, shows the final dispositions for the phone numbers used in the interim survey.

| Table 1 Sample Construction & Response Rate | | |
|--|------------|--------------------------------|
| | Number | Percent of eligible Numbers |
| All respondents less than 31 at Baseline | 572 | |
| Baseline respondents refusing second interview | 27 | |
| Total numbers available for interim | 545 | |
| Business/Ineligible | 5 | |
| Not in Service | 14 | |
| Total Eligible Numbers | 526 | 100% |
| No Contacts | 48 | 9% |
| Refusals | 35 | 7% |
| Refusal at interim/agree to final | 20 | 4% |
| Completes | 423 | 80% |

The data cleaning process included wild code and consistency checks. The resultant data set contains 423 cases.

2.3 ATTRITION OF SAMPLE

An attrition variable was constructed to test for differences between those from the baseline survey who participated in the interim survey and those who did not. This variable was cross-tabulated with socio-demographic measures from the baseline survey and a chi-square statistic was employed to determine if there were statistically significant differences ($p < .05$) with respect to age, marital status, gender, income and location of residence between the interim group and the baseline group that did not participate in the interim survey. The attrition variable was also used to provide a measure of differences in awareness of determinants of health from the baseline survey.

Demographic Differences

No statistically significant differences were found between the groups with respect to age, marital status, sex, or income. The only statistically significant difference found was between urban and rural respondents ($\chi^2 = 8.176$, $df = 1$, $p < .004$). There were significantly fewer urban respondents in the interim sample than were in the sample of

respondents who participated at baseline but not in the interim (36% vs. 49%). The percentage of urban respondents decreased from 39 percent of the 18 to 30 year old respondents at baseline to 36 percent of respondents at interim survey. Rural respondents were also over-represented in the baseline survey (61% - baseline, 64% interim) and a weighting scheme based on 1996 census was used to adjust the sample. In the analysis of the interim data, the urban/rural difference is dealt with using the same weighting scheme that was applied in the baseline analysis.

Given that there are no statistically significant demographic differences, other than the urban/rural split, the sample remains representative of the population, although the age of the sample will increase over time, since this is a panel study carried out over two years.

Response Differences

Thirty-nine fixed response questions from the baseline survey were used to determine whether there were any significant differences in responses between those who remained on the panel and those who dropped out. A *t*-test was carried out to determine if there were differences between the means of the two groups. Significant differences were found for five of those variables and are presented in Table 2 below. (For complete list of test variables see Appendix B.)

| Question | Mean Baseline & Interim | Mean Baseline only | Significance |
|---|-------------------------------|--------------------------|--------------|
| On a scale of 1 to 5 where 5 is "Very Important" and 1 is "Not at all Important", how important is each of the following to your well being and health? | | | |
| AMOUNT OF MONEY AVAILABLE | 4.24 | 4.05 | p=.031 |
| CHANCE OR LUCK | 2.52 | 2.86 | p=.008 |
| LOVE AND SUPPORT OF FAMILY AND FRIENDS | 4.82 | 4.69 | p=.019 |
| On a scale of 1 to 5 where 5 is "Big Effect" and 1 is "No Effect", how much of an effect do each of the following have on well-being and health in general? | | | |
| INCOME | 4.29 | 4.52 | p=.004 |
| IMMUNIZATION | 4.56 | 4.72 | p=.033 |

The means for two variables that were used to measure the importance and effect of income on well-being and health ("Amount of money available for the things you need" and "Income") were significantly different for the two groups; however, the differences were contradictory. In the case of "money available," the mean was higher for the group that remained in the study, yet for "income" the mean was lower for this same group. While these differences were found to be statistically significant, it should be kept in mind that the ratings on all items, except "Chance or luck," are very high for both groups.

3. THE YOU'RE AMAZING PROGRAM

The *You're Amazing* program was launched by Alberta Health in June 1997. A number of program elements were carried out between program launch and February, 1998, when the interim survey was conducted.

In the summer of 1997, "You Ought To Be In Pictures," a travelling display where young parents could share their tips for healthy living toured throughout the province. This tour was coordinated by the Provincial Be Fit For Life Network through partnership with Alberta Community Development. Novelty items were distributed at these displays and also through Alberta Credit Unions (a major sponsor of the *You're Amazing* program). In July 1997, radio time was purchased in Edmonton and Calgary to advertise and promote the "You Ought To Be In Pictures" tour and the *You're Amazing* program.

Distribution of posters that promoted *You're Amazing* messages began in October 1997. Wall calendars that provided monthly tips and information were distributed to young parents in December 1997. Brochures were printed and ready for distribution by mid-February, 1998. Semi-annual monitoring reports prepared by the Population Research Laboratory provide further information on the distribution and reach of program elements.

3.1 YOU'RE AMAZING INTERIM PROGRAM ASSESSMENT

Program Elements and Reach

At the time of this survey, six elements of the program had been marketed: radio promotions and novelties (bentcils, bookmarks, t-shirts, ball caps, and frisbees) related to the "You Ought To Be In Pictures" summer event tour, calendars, posters and brochures⁵. Respondents were asked both open-ended and fixed response questions about each of these elements. In addition to the above elements, full page advertisements with the *You're Amazing* message ran in 5 consecutive issues of *Calgary's Child* between June, 1997 and March, 1998, and the program was featured in various newspapers and two television programs during the same period.

Respondents' awareness of the *You're Amazing* program was determined by responses to two questions. The first question asked directly whether the respondent was aware of the *You're Amazing* program. The second question asked whether the respondent had seen or participated in the "You Ought to be in Pictures" event. The second question was asked

⁵ Brochures were distributed to RHAs in mid-February, 1998. This was in the middle of the interviewing process. It is not likely that respondents who said they saw or had a brochure or saw one actually did since all of these respondents, except one who was interviewed on March 16, were interviewed between the 9th and 13th of February, before the brochure was distributed.

because the respondents may not have identified the event with the *You're Amazing* program, because the display toured across the province in partnership with the "Wellness Wagon," a vehicle of the Be Fit For Life Network.

Sixty respondents or 14.2 percent of the total sample (n=423) had heard of the *You're Amazing* program or had seen the "You Ought to be in Pictures" display. Forty-six respondents or 10.9 percent of the total sample stated that they had heard of the *You're Amazing* program, and 22 respondents or 5% of the total sample reported seeing the "You Ought to Be In Pictures" display that toured the province in the summer of 1997. Eight people had heard of *You're Amazing* as well as seen the "You Ought to be in Pictures" display.

Of the 46 parents who had heard of the *You're Amazing* program, the most frequent response regarding where the parents found out about the program was through the calendars (n=13; 28%), followed by the Credit Union (n=7; 15%). (The Credit Union is the founding major sponsor for *You're Amazing* and is involved in distribution of some program elements.) Six respondents or 13% had heard of the program through the radio promotions, public health nurses, and daycares. Other answers given less frequently included sites such as rodeos and fairs, and posters. Only one respondent reported seeing an article in the newspaper regarding the program, while none volunteered that they found out about the program through the newspaper ad, brochure, or bookmark. It should be noted that these categories may not be mutually exclusive, as calendars were distributed through public health units and day cares, novelties were distributed through the radio promotions, the Credit Unions and the "Wellness Wagon," and posters were displayed at various sites.

Specific Program Elements

This section reviews the reach of specific *You're Amazing* program elements.

"You Ought to be in Pictures"

This tour was coordinated across the province by the Be Fit For Life Network through partnership with Alberta Community Development. A total of 176 sites throughout the province were visited.

Thirty-seven percent (n=22) of those who were aware of the *You're Amazing* program (n=60) reported seeing the display: 4 at a rodeo/festival/fair, 4 at the Calgary Stampede, and 4 in Edmonton. Other sites mentioned only once were the Credit Union, a newspaper ad, and five other cities/towns (High Prairie, Delburne, Vermilion, Medley, and Camrose). Of the 22 people who saw the display, 6 had their picture taken or contributed a health tip.

Novelties (bentcils, bookmarks, t-shirts, ball caps, and frisbees)

Bookmarks, Bentcils, Frisbees, T-Shirts and Caps carrying the "You're Amazing" logo were distributed throughout the province during the summer through the "You Ought to Be In Pictures" tour and Credit Unions.

Twelve (20%) of the respondents who were aware of the program either had seen (n=4) or had obtained (n=8) a novelty item. Of these 12 people, 7 had seen or obtained them at a rodeo or fair, 2 at the credit union, 1 in daycare, 1 had seen it on someone, and 1 did not know.

Radio Promotion

During the summer tour, the *You're Amazing* program was promoted on the radio by CISN-FM in Edmonton and KISS-FM and 66CFR-AM in Calgary.

Of the 60 respondents who were aware of the program, **12% (n=7)** were aware of the radio promotions. These 60 respondents were asked whether they listen to any of the three stations promoting the program; 25 people (41.7%) indicated yes, and 35 (58.3%) said no.

Of the 25 people who listened to the selected radio stations, 6 heard the program and 1 participated in the call-in. All but one of these seven people were listening to CISN-FM EDMONTON. One person reported hearing the promotion on KISS-FM CALGARY.

Calendar

Over 75,000 full colour wall calendars were printed for distribution to young parents in early December, 1997. Distribution was carried out through daycares, day homes, nursery schools, the Christmas Bureau, RHAs and other Steering Committee and Advisory Committee member organizations.

Twenty-two (37%) of the respondents aware of *You're Amazing* had either seen (2) or obtained (20) a calendar. Most of the calendars were obtained through a **daycare or family day home** (n=12) or public **health centre** (n=7). One respondent did not know where s/he obtained the calendar. Those two people who saw the calendar (but did not have one) reported seeing it at a daycare.

Brochure

100,000 brochures were printed. Distribution began in mid-February and was carried out through Advisory and Steering Committee members, including RHAs and Provincial Health Authorities.

Eight (13% of 60) respondents reported having been exposed to the program through the brochure. Seven people said they had seen the brochure, but of these only one was interviewed after February 15, when the brochures were distributed. Two reported having seen the brochure at a public health unit, 2 at a doctors office/hospital, and 1 each

at a day care, a credit union and a fair or festival. One person reported **having** a brochure and obtaining it at a fair or festival; however this is not likely, since the interview took place before brochures had been distributed. Perhaps people interpreted the bookmark to be a brochure.

You're Amazing Poster

15,000 posters were printed at the end of October, 1997 and were distributed through the Daycare Association, Family Day Home agencies, and by program sponsors and partners. Most of these posters were used for display purposes and not distributed directly to the target audience.

Fifteen (25%) of the respondents aware of *You're Amazing* had seen a poster. Of these 15 people, half (n=8) saw it at a **public health unit**; 2 at the credit union, and one each at a day care, hospital/doctor's office, and fair-festival-market.

Summary: Program Elements and Reach

When considering all 6 program elements, 36 people (8.5% of the total sample) were aware of only one element, 11 (2.6%) of two, and less than 1% (4) were aware of three or four elements. Five (1%) had only heard of the program through friends or family, but had not seen any of the program elements.

In sum, none of the elements reached more than 5% of the total sample (n=423); the calendar and picture display reached the greatest number (5%), followed by the poster and novelties. The radio promotion was least effective. Public health centres and daycares were the major distribution points for the posters and calendars, and appear to be good venues for social marketing of health messages.

Young Parents' Perceptions of You're Amazing Program

The 60 respondents who were aware of the *You're Amazing* program were asked one fixed response question and three open-ended questions regarding their perceptions of the program. When asked, "Of what you have seen from the *You're Amazing* program, do you think this is a good way to reach young parents?", just over three-quarters (78%; n=47) thought it was a good way to reach young parents, while 7 (12%) did not. Responses to the three open-ended questions provided more information about respondents' perceptions. Summaries of these responses are provided in the following sections.

Message Received

The 60 respondents who indicated awareness of *You're Amazing* were asked an open-ended question regarding what message(s) they had received from the program. Table 3 provides a summary of these responses. All of the responses were coded, so a single respondent may have more than one response. The majority of responses related to messages that were the focus of the *You're Amazing* program.

- About 25% of respondents indicated messages related to **family relationships and support**.

- *"I thought it was kind of neat--it made the kids feel special--we had fun playing with the neighbourhood kids with the frisbee."*

- *"That families should regularly do activities together."*

- *"Basically to do the best that you can with your family, spend good quality time with your family."*

| Table 3 | | |
|--|----------|----------|
| You're Amazing Message | | |
| (Respondents who are aware of the You're Amazing Program) | | |
| (Percentages total to more than 100% as multiple responses were given) | | |
| | N | % |
| Family Oriented/Support Family Life | 15 | 25 |
| Eating Habits | 7 | 12 |
| Lifestyle/Balance | 6 | 10 |
| Exercise/Fitness | 4 | 7 |
| Positive Attitude | 5 | 8 |
| Increased Health Awareness | 4 | 7 |
| Positive Feedback | 3 | 5 |
| Dealing With Children | 2 | 3 |
| Social Support Network | 1 | 2 |
| Immunization/Health Care | 1 | 2 |
| Tips For Activities | 1 | 2 |
| Other | 1 | 2 |
| Don't Know | 27 | 45 |

- Messages related to **health behaviours such as eating habits and exercise/fitness** were also mentioned by 7 (12%) of respondents. Although some of these comments related solely to health behaviours, others combined healthy behaviours with a family orientation. These responses may have been influenced by the "You Ought To Be In Pictures" tour since the primary message of the Be Fit For Life Network is active living.

- *"That fitness is fun and it is a family affair."*

- *"Information on healthier living--proper nutrition, exercise and different facts on healthier living."*

- *"To think positive, eat healthy and exercise."*

- One respondent who works at a Public Health Centre summarized the message of the

program this way: *"Basically, health promotion in young families-encompasses a lot of different areas--kind of focuses on spending quality time together--good nutrition, positive attitude towards each other as parents and towards your children."*

Another said: *"I wake up to [the calendar] and I see the mother and son sitting together. It makes me think of my kids first instead of the messy house."*

- **Forty-five percent** of respondents (n=27) were unable to articulate any specific message they had received from the program.

What is good about the program?

The messages articulated by young parents above are also reflected in their responses about what they perceive to be positive about the program (Table 4).

| Table 4 What's Good about the You're Amazing Program? | | |
|--|----|----|
| Response | N | % |
| Increases Awareness/Information | 15 | 25 |
| Promotes Family Interaction/Involvement | 14 | 23 |
| Don't Know | 14 | 23 |
| Promotes Healthy Habits/Lifestyle | 8 | 13 |
| Other | 6 | 10 |
| Calendars, Posters | 4 | 7 |
| Positive Focus Of Program | 3 | 5 |

- The most common responses, cited by about **one-quarter** (n=15) of young parents, centered on the theme that the program **increases awareness and provides information**.
 - *"I think anything that provides information to young parents is important, because it is very tough and it's even tougher for younger parents because we're not as prepared for what's involved especially when both parents have to work".*
 - *"Gets information out to young families. Motivates people and lets them know what is available to them."*
 - *"Gives people more ideas of things to do and ways to do it."*
 - *"I think that young parents need all the confidence boosting they can get-and that they know there is a resource there if they need information on child rearing."*
- Similar numbers (n=14) thought the program **promotes family interaction and**

involvement.

- "I think it reminds people that there is more to life than work and that you should be spending more time with your kids than you do."

- "It gives you a lot of information options for activities for you and your family that you can go out and do together."

- About 13% (n=8) thought that a positive aspect of the program was the ***promotion of healthy behaviours***.

- "It is not at all preachy/it gets you excited about fitness, without lecturing."

- "The fact that they are trying to promote a healthier lifestyle-any time that an organization does something like that I think it is positive."

- "The way that people are encouraged to live a better lifestyle - if they encourage young people to live a better lifestyle through what they eat and exercise they are also encouraging them to stay away from the things that are bad for them."

More than three-quarters (77%; n=46) of the respondents identified positive aspects of the program which support the *You're Amazing* messages and intent. Those who said they didn't know what was positive about the program (n=14; 23%) indicated that they did not know enough about the program to make a comment. All but two of these respondents were also unable to identify the message of the program.

What could be done to improve the You're Amazing program?

Respondents were asked an open-ended question regarding what could be done to improve the program (Table 5).

| Table 5 | | |
|--|----|----|
| What would improve <i>You're Amazing</i> ? | | |
| Response | N | % |
| More Media Coverage/General | 14 | 23 |
| More Media/Radio/Television | 11 | 18 |
| More Media/Schools | 8 | 13 |
| More Media/Rural Areas | 4 | 7 |
| More Media/Health Centres/Hospitals | 3 | 5 |
| More Media/Other | 7 | 12 |
| Make No Change | 7 | 12 |
| Publish Information Booklet | 1 | 2 |
| Don't Know | 14 | 23 |

- The most common suggestions related to **expanding the reach** of the program. Almost one-quarter (n=14; 23%) said that the program could benefit from more media coverage, including better advertising and distribution.
- **Radio and television coverage** specifically were mentioned by 18% of respondents. Several people mentioned the need to use other than the selected radio stations.
- Less frequently mentioned suggestions were increased exposure in other sites, such as **schools** (8) and **health centres/hospitals** (3). Four people also remarked on the need for increased exposure in rural areas. Only one person suggested publishing an information booklet.
- Seven parents indicated that change was not necessary.

Sponsors

Young parents were asked to identify the co-operating sponsors and partners of the *You're Amazing* Program.

- Of the 60 respondents who indicated awareness of the program, over three-quarters (78%; n=47) could **not identify** sponsors.
- The sponsor most frequently identified was the **Credit Union**, mentioned by 8 respondents, followed by **Pfizer Pharmaceutical** and **Alberta Regional Health Authorities**, each identified by 2 respondents. One person mentioned the Dairy Nutrition Council, a participating partner and member of the Advisory Committee of the *You're Amazing* program. One person named Edmonton Power, which is not involved in the program.

Exposure to other Health Promotion Initiatives

Program visibility and reach may be limited by the incidental nature of the distribution of the program elements to date. Furthermore, health promotion initiatives of other organizations and service providers are also being carried out at the same time. Both of these issues make it difficult to attribute any observed change in the target audience to the *You're Amazing* program. All 423 respondents in the survey were asked whether they had seen or heard messages about health and well being from a number of identified sources (Table 6).

- Print and other media were identified most often, with **television advertising** cited most frequently (84%). **Television programs** were also mentioned by almost two-thirds of the sample.
- 70% of respondents were exposed to health promotion messages in **magazine articles**, and 59% in **newspaper articles**. Newspaper or magazine advertising was

cited by 62% of respondents.

Table 6
Other Health Promotion Initiatives

| Response | % |
|--------------------------------------|-----|
| Television advertising | 84% |
| Magazine articles | 70% |
| Television programs | 65% |
| Public Health Centre | 65% |
| Magazine or newspaper advertisements | 62% |
| Newspaper articles | 59% |
| Social or community program | 55% |
| Radio advertising | 53% |
| Radio programs | 26% |
| Other | 31% |
| Don't Know | 3% |
| School | 9% |
| Work | 5% |
| Drs. Office/hospital | 3% |
| Billboards/posters | 3% |
| Other people | 3% |
| Stores | 2% |
| Internet | 2% |
| Daycare/home | 1% |
| Library/books | 1% |
| Pharmacy | 1% |

- **Radio advertising (53%) and programs (26%)** are less frequent sources of health messages than television or print media.
- **Public Health Centres** are a source of health messages for almost 2/3 of respondents (65%), with fewer indicating exposure from **social or community programs (55%)**.
- Only 3% of respondents indicated that they were not aware of other health promotion initiatives.

3.2 IMPACTS ON AWARENESS OF HEALTH DETERMINANTS

To determine whether exposure to the *You're Amazing* program had an effect on changes in young parents' responses to 39 fixed-response questions relating to awareness of health determinants, a one-way analysis of variance (ANOVA) was carried out to compare baseline and interim response means for three groups of respondents based on their level of awareness of the *You're Amazing* program. The groups were identified in the following manner:

- 1) Respondents who were aware of the *You're Amazing* program and were able to

identify a program message (n=33).

2) Respondents who were aware of the program but were unable to identify a message (n=27).

3) Respondents who were not aware of the program (n=363).

Results

The ANOVA revealed statistically significant differences ($p < .05$) in change from baseline to interim between groups for only two of the 39 variables tested.

Coping Skills

The item rating the importance of **recreation and leisure** to well being and health is categorized under Coping Skills. There was a statistically significant difference between the group means of respondents who had been exposed to the *You're Amazing* program, and those who had not. The mean difference in rating of the importance of **recreation and leisure** between baseline and interim **increased** for those who had seen the program and were aware of the message while the mean decreased for those who were not aware of the program. However, for each group, the differences between the mean ratings for each group at interim were not great:

Group 1 (aware of program and message; n=33)

- change in means between baseline and interim, .42
- mean at interim, 4.24

Group 2 (aware of program only; n=27)

- change in means between baseline and interim, .03
- mean at interim, 4.21

Group 3 (not aware of program; n=363)

- change in means between baseline and interim, -.03
- mean at interim, 4.11

There were no statistically significant differences between the groups for the other items in this determinant category.

Employment & Working Conditions

With respect to exposure to the *You're Amazing* program, there was a statistically significant difference in the mean importance rating for "unemployment." While the mean rating of the effect of unemployment on well-being decreased for all groups, it **decreased** significantly more for respondents who had seen the program and were aware of its message than it did for those who were not aware of *You're Amazing*. The changes in group means are as follows:

Group 1 (aware of program and message; n=33)

- change in means between baseline and interim, -.89
- mean at interim, 3.81

Group 2 (aware of program only; n=27)

- change in means between baseline and interim, -.35
 - mean at interim, 4.05
- Group 3 (not aware of program; n=363)
- change in means between baseline and interim, -.35
 - mean at interim, 4.21

Although statistically significant differences were found between the groups with respect to change in the means for these two variables, it is not clear what these changes may be attributed to, since there is no overall trend in the change data that would suggest an interpretation. Furthermore, caution should be used in the interpretation of these results given the difference in the size of the samples and the relatively small difference between the group means.

4. AWARENESS OF DETERMINANTS OF HEALTH

4.1 FACTORS CONTRIBUTING TO WELL-BEING AND HEALTH

The open-ended question from the baseline survey "What contributes to your family's well-being and health?", was repeated in the interim survey. Again, respondents identified a wide range of factors, and fewer reported that they did not know or understand what contributes to their family's well being and health (3% at interim vs. 8% at baseline). At baseline, respondents were limited to identifying four factors, but for the interim survey, respondents were allowed to identify as many factors as they could. The rationale for this change was to see whether key factors were missed at baseline as a result of limiting the number of responses. It was thought that, since major changes in awareness were not expected at this point in the program, it would be possible to change the format without compromising the final evaluation results. As a result of this change, no statistical analyses were carried out for comparison of responses. Nevertheless, at interim, fewer than 20% of respondents identified more than four factors. At both baseline and interim, more than 60% of respondents provided three or fewer responses. For the final survey, the format of the questions will be such to allow for comparison of responses.

The open-ended responses were coded and categorized within the ten determinants of health identified in the baseline study. A comparison of the baseline and interim responses relating to the five determinants that are the focus of the *You're Amazing* program are presented in Table 7.

For all five determinants that were the focus of the *You're Amazing* program, there was an increase in the percentage of responses identifying each as a factor contributing to well-being and health, although it should be kept in mind that there were no restrictions on the number of responses allowed at interim.

TABLE 7
FACTORS CONTRIBUTING TO FAMILY WELL-BEING & HEALTH

(Percentages total more than 100% because respondents could provide up to 4 responses at baseline (T1) and had unlimited responses at interim (T2))

| | % T1 | % T2 | | % T1 | % T2 |
|--|------|------|---------------------------------------|------|------|
| Income | | | | | |
| Financial security | 19.1 | 26.9 | Saving money/budgeting | .1 | — |
| Improved standard of living | .2 | — | | | |
| Social Support Networks | | | | | |
| Time with family | 27.2 | 39.6 | Participation in religious activities | 3.0 | 8.6 |
| Love among family members | 13.1 | 14.7 | Participation in community/school | 2.6 | 10.7 |
| Supportive relationships | 9.4 | 20.3 | Having a social life | .1 | .1 |
| Spirituality | 3.8 | 4.5 | Laws that reduce crime | .3 | .6 |
| Support from spouse | 3.4 | 4.2 | | | |
| Coping Skills | | | | | |
| Good communication | 10.0 | 12.8 | Increased leisure time | .4 | .6 |
| Good coping skills/mental health | 6.7 | 11.4 | Work more/less | .3 | |
| Positive attitude | 6.2 | 7.2 | | | |
| Child Development | | | | | |
| Stable secure home life | 20.9 | 30.1 | Family organization | 4.8 | 14.0 |
| Employment and Working Conditions | | | | | |
| Good job | 6.1 | 11.5 | | | |
| Don't Know | 5.8 | 2.6 | Other | .1 | .1 |

Income – “Financial security” was mentioned by 27% of respondents at interim, compared with 19 percent at baseline.

Social Support Networks – “Time with family” was mentioned by almost 40 percent of respondents at interim, compared with 27 percent at baseline. “Supportive relationships” (baseline 9%, interim 20 %) and “participation in community and school activities” (baseline 3%, interim 11%), which are also categorized as social support networks, were mentioned considerably more often at interim as well.

Coping Skills – Factors relating to coping skills were also mentioned more frequently at interim than at baseline. “Good coping skills or mental health” was mentioned by 11 percent of respondents at interim, compared with 7 percent of respondents at baseline. The percentage of respondents who mentioned “good communication” also increased from 10 percent at baseline to 13 percent at interim.

Child Development – “secure stable home life” (baseline 21%, interim 30%) and “family organization” (baseline 5%, interim 14%) were mentioned more frequently at interim.

Employment and Working Conditions – The percentage of respondents who mentioned “having a good job” as a factor influencing family well-being and health increased from 6 percent at baseline to almost 12 percent at interim.

As with the baseline results, social support networks, child development, and income were some of the most frequently mentioned factors that contribute to a family's well being and health. With respect to the determinants that are not the specific focus of *You're Amazing*, Personal Health Practices - good nutrition (39%) and Biology And Genetic Endowment - good physical health (46%) were also mentioned frequently as contributors to well-being and health (see Appendix C for full comparison table). It is interesting to note, however, that nutrition was mentioned by about the same proportion of respondents at baseline and at interim, whereas a greater proportion of respondents mentioned good physical health at interim (46% vs. 31%).

4.2 BASELINE & INTERIM DIFFERENCES IN AWARENESS OF SELECTED HEALTH DETERMINANTS

A paired samples analysis was used to determine whether there were any **statistically significant** changes between baseline and interim in the panel as a whole with respect to their responses to the 39 fixed-response questions relating to awareness of health determinants. The report will focus on those determinants that are included in the *You're Amazing* messages: Income, Social Support Networks, Coping Skills, Child Development, and Employment & Working Conditions. Tables relating to other determinants of health are presented in Appendix D.

The paired samples analysis did indicate some significant ($p < .05$) differences in the means (both increases and decreases) between baseline and interim. The following tables present comparisons of the responses and means from the baseline and interim surveys. These tables also present the responses to the new questions that were asked at interim. Means from the paired samples analysis that are significantly different are set in bold type in the tables. Overall, however, the means of responses at both times are quite high--usually greater than 4 on a 5 point scale.

Selected Determinants Of Health

Income

There is a significant **decrease** in the mean rating of the effect of income on well being and health from baseline to interim. Fifty percent of the respondents at baseline accorded income the highest effect rating (5) while only 28 percent of respondents gave the same rating at interim. Conversely, only 16 percent of respondents gave a rating of "3" at baseline, while 32 percent gave that rating in the interim survey.

The difference between the baseline and interim means rating the importance of "money available for things you need" to personal well being and health is not significant. However, for this item there was an increase in the percentage of respondents who rated it as very important to well being and health: 53 percent of respondents at interim, compared to 49 percent at baseline.

| TABLE 8 | | | | | | | |
|---|----------------------|------|------|------|------|------|----------------|
| INCOME (percentages at T1 and T2) | | | | | | | |
| | No Effect | 1 | 2 | 3 | 4 | 5 | Big Effect |
| Income | | | | | | | |
| Baseline | | 1.6 | 1.8 | 16.4 | 30.1 | 50.1 | 0 4.25 |
| Interim | | 1.0 | 5.9 | 31.8 | 33.7 | 27.5 | 0 3.81 |
| | Not at all Important | 1 | 2 | 3 | 4 | 5 | Very Important |
| The amount of money available for things you need | | | | | | | |
| Baseline | | .3 | 2.9 | 16.5 | 31.3 | 49.0 | 0 4.26 |
| Interim | | .6 | .8 | 14.7 | 31.1 | 52.8 | 0 4.35 |
| | Strongly Disagree | 1 | 2 | 3 | 4 | 5 | Strongly Agree |
| People with higher incomes are healthier | | 31.4 | 25.1 | 24.2 | 13.3 | 6.0 | 0 2.37 |

A new question, which asked respondents to indicate their level of agreement with the statement, "People with higher incomes are healthier than people with lower incomes," was generally answered in the opposite direction of what one would expect based on responses to the previous questions. The mean for the sample was 2.37 on a 5-point scale, indicating that respondents generally disagreed with the statement. A similar question relating to level of education (see Appendix D) received the same type of response, which suggests that respondents may have placed an alternate interpretation on these questions. Nevertheless, these findings suggest that respondents are less aware of the effect of a socioeconomic gradient on health.

Social Support Networks

Social support networks continue to be highly rated with respect to their importance for well being and health. Participation in social and cultural activities and voluntary organizations are not as highly rated as those elements that are directly related to support from family, friends and the community.

There were significant differences in the mean rating on three measures of this determinant: love and support of family/friends, receiving positive feedback, and participation in voluntary organizations. On all of these measures, the mean from baseline to interim **decreased**, indicating that respondents accorded less importance to these determinants on the second survey.

The percentage of respondents who accorded the highest rating of importance (5) to "love and support of family and friends" dropped from 84 percent at baseline to 74 percent at interim. However, at both times, the combined percentage for the two highest ratings (4 and 5) accounted for almost 97 percent of respondents.

There was a greater decrease in the importance rating for "receiving positive feedback." At baseline, 63 percent of respondents rated this item as very important to well being and health, while only 47 percent of respondents accorded the same rating at interim. The mid-range rating (3) increased to 12 percent at interim from 7 percent at baseline. Only

16 percent of respondents rated participation in voluntary organizations as very important to well being and health in the interim survey, compared to 22 percent at baseline.

TABLE 9
SOCIAL SUPPORT NETWORKS (percentages at T1 and T2)

| | Not at all important | 1 | 2 | 3 | 4 | 5 | Very Important |
|---|----------------------|-----|------|------|------|------|----------------|
| Participation social/cultural activities | | | | | | | |
| Baseline | | 3.5 | 8.2 | 34.9 | 29.5 | 23.9 | 0 3.62 |
| Interim | | 1.4 | 6.1 | 38.2 | 35.6 | 18.7 | 0 3.64 |
| Love/support of family/friends | | | | | | | |
| Baseline | | .1 | 0 | 3.3 | 12.8 | 83.8 | 0 4.80 |
| Interim | | 0 | .5 | 3.0 | 22.5 | 74.1 | 0 4.70 |
| Receiving positive feedback | | | | | | | |
| Baseline | | .6 | 1.0 | 7.0 | 28.3 | 63.1 | 0 4.52 |
| Interim | | .1 | 1.3 | 12.3 | 39.0 | 47.3 | 0 4.32 |
| | No Effect | 1 | 2 | 3 | 4 | 5 | Big Effect |
| Participation voluntary organizations | | | | | | | |
| Baseline | | 2.5 | 5.1 | 34.9 | 35.7 | 21.7 | 0 3.69 |
| Interim | | 2.2 | 8.6 | 39.3 | 34.0 | 15.9 | 0 3.53 |
| | Strongly Disagree | 1 | 2 | 3 | 4 | 5 | Strongly Agree |
| Communities that provide support for families promote well-being/ health of children | | | | | | | |
| Baseline | | 1.6 | 4.6 | 10.9 | 32.9 | 50.1 | 0 4.25 |
| Interim | | .2 | 1.9 | 13.9 | 41.6 | 42.3 | 0 4.24 |
| What happens in your community affects your family's well-being/health | | | | | | | |
| Baseline | | 1.8 | 2.3 | 18.4 | 33.8 | 43.7 | 0 4.15 |
| Social supports available in community affect a person's health | | | | | | | |
| Interim | | 5.3 | 15.7 | 47.1 | 20.7 | 11.3 | 0 3.17 |

One new question regarding this determinant was added at interim: "What happens to a person's health depends on the social supports that are available in the community." As indicated in Table 9, about 20 percent of respondents disagreed, almost 50 percent were neutral, and 32 percent agreed with the statement. The degree of agreement for this item seems considerably lower than a similar question relating to communities in the baseline survey. However it is consistent with the greater emphasis respondents put on family versus community support.

Coping Skills

Items relating to coping skills are rated as very important to well-being and health, with fewer than 4 percent of respondents according any item either of the two lowest importance ratings. The paired samples analysis showed a significant **decrease** between

TABLE 10
COPING SKILLS (percentages at T1 and T2)

| | | Not at all Important | 1 | 2 | 3 | 4 | 5 | Very Important |
|------------------------------------|-----------|----------------------|-----|-----|------|------|------------|----------------|
| Recreation/leisure time | Baseline | | 1.0 | 2.9 | 17.1 | 40.1 | 38.9 | 0 4.13 |
| | Interim | | .5 | 2.2 | 15.3 | 48.0 | 34.1 | 0 4.13 |
| Feelings about yourself and life | Baseline | | .1 | 2.2 | 6.3 | 28.1 | 63.3 | 0 4.52 |
| | Interim | | 0 | 1.1 | 4.9 | 39.3 | 54.6 | 0 4.47 |
| You have lived a moral/decent life | Baseline | | .5 | 1.1 | 11.0 | 33.5 | 53.9 | 0 4.40 |
| | Interim | | .1 | 2.0 | 11.8 | 38.1 | 48.0 | 0 4.32 |
| Control of stress | Baseline | | .8 | 1.0 | 6.9 | 27.9 | 63.4 | 0 4.52 |
| | Interim | | .5 | .5 | 4.2 | 33.7 | 61.2 | 0 4.55 |
| | No Effect | 1 | 2 | 3 | 4 | 5 | Big Effect | |
| Emotional Stress | Baseline | | .7 | 1.0 | 11.3 | 27.2 | 59.7 | 0 4.44 |
| | Interim | | 0 | .5 | 9.0 | 39.6 | 50.9 | 0 4.41 |

baseline and interim response means with respect to the importance of having lived a moral and decent life. Respondents accorded **less importance** to the feeling that they had lived a moral and decent life than they did at the time of the baseline survey. At baseline 54 percent of respondents gave this the highest rating of importance to well-being and health, compared to 48 percent of respondents at interim.

Child Development

There were significant differences in the means between baseline and interim for the measure of this determinant; the importance attached to "life experiences as a child" **decreased** at interim. At baseline, 42 percent of respondents rated this item as very important to well being and health compared to 37 percent at interim. However, the response to a new question added to the interim survey shows that over half of respondents (54%) strongly agree and almost another third (32%) agree to some degree that the experiences of young children affect their adult health. Indeed, the mean for this question (4.38) exceeded the baseline mean (4.04) of the previous measure.

Two other questions were added to the interim survey. Over 90% of parents either strongly agreed (53%) or agreed (39%) that family relationships influence health. The other question in this determinant category addressed the influence of birthweight. Just over half (54%) reported some effect (4 or 5), while a quarter (26%) were neutral, and almost 1 in 5 viewed birthweight as having no effect on health and well being. This is somewhat surprising, given the current emphasis on this determinant of child development.

| TABLE 11 CHILD DEVELOPMENT (percentages at T1 and T2) | | | | | | | |
|--|----------|-----|------|------|------|------|----------------|
| Not at all Important | | 1 | 2 | 3 | 4 | 5 | Very Important |
| Life experiences as a child | | | | | | | |
| | Baseline | 1.5 | 6.3 | 20.8 | 29.2 | 42.2 | 0 4.04 |
| | Interim | 1.9 | 8.1 | 22.1 | 30.6 | 37.2 | 0 3.93 |
| Strongly Disagree | | | | | | | Strongly Agree |
| Experiences of young children affect their adult health | | .5 | 1.4 | 12.2 | 32.0 | 54.0 | 0 4.38 |
| The way a family gets along together affects health | | .6 | .2 | 7.5 | 39.2 | 52.5 | 0 4.28 |
| No Effect | | | | | | | Big Effect |
| Baby's weight at birth | | 7.4 | 12.5 | 26.0 | 26.5 | 27.5 | 0 3.55 |

Employment & Working Conditions

At baseline, only those who were employed were asked questions regarding employment and working conditions and relations with co-workers, but all respondents were asked these questions at the interim.

There were no significant differences in the means for these two items. The only significant difference in responses between baseline and interim was in the effect of unemployment on health. At interim, the mean importance attached to "unemployment" **decreased**. There was a considerable drop in the percentage of respondents who gave this item the highest rating of its effect on well being and health. At baseline, 70 percent of respondents gave the highest effect rating, while only 47 percent gave the same rating at the interim survey.

| TABLE 12 EMPLOYMENT & WORKING CONDITIONS (percentages at T1 and T2) | | | | | | | |
|--|----------|-----|-----|------|------|------|----------------|
| Not at all Important | | 1 | 2 | 3 | 4 | 5 | Very Important |
| Physical environment in workplace | | | | | | | |
| (Employed) | Baseline | 1.6 | 1.4 | 7.7 | 24.7 | 64.6 | 0 4.50 |
| (Employed @ baseline) | Interim | .2 | .2 | 14.6 | 31.0 | 54.0 | 0 4.40 |
| (all) | Interim | .2 | .6 | 11.1 | 32.7 | 55.4 | |
| Relations with co-workers /managers | | | | | | | |
| (Employed) | Baseline | .6 | 1.4 | 5.2 | 30.7 | 62.0 | 0 4.52 |
| (Employed @ baseline) | Interim | 0 | .8 | 6.8 | 41.0 | 51.4 | 0 4.53 |
| (All) | Interim | .4 | 1.0 | 4.5 | 41.5 | 52.7 | |
| No Effect | | 1 | 2 | 3 | 4 | 5 | Big Effect |
| Unemployment | | | | | | | |
| | Baseline | 1.6 | 2.1 | 5.6 | 21.1 | 69.6 | 0 4.56 |
| | Interim | 2.1 | 3.3 | 17.5 | 29.8 | 47.3 | 0 4.17 |

It is interesting to note, as indicated in the section 3.2 "Effect of Program on Awareness

of Determinants" (p.19), the mean rating of the effect of unemployment on well-being and health decreased significantly more for respondents who had been exposed to the *You're Amazing* program.

Other Selected Determinants Of Health

Fixed response questions were also asked relating to respondents' awareness of the other five determinants of health: Personal Health Practices, Education, Physical Environments, Health Services, and Biology and Genetic Endowment. (See Appendix D for comparison tables.) There were no significant changes in responses to items relating to personal health practices or biology and genetic endowment. There was a significant decrease in the rating of the importance of education to well being and health. For the other determinants, physical environments and health services, there were contradictory differences, with significant increases and decreases in ratings for different items within each determinant category. Notably, the importance accorded to specific indicators such as housing and injuries in the home **decreased** from baseline to interim. Nevertheless, as noted earlier, overall ratings of importance and effect of determinants on well being and health are on the high side—greater than 3 on a 5 point scale.

4.3 PERCEPTIONS OF RESPONSIBILITY FOR WELL BEING AND HEALTH

A number of items in the survey questionnaire relate to individuals' view of their role and responsibility for promoting their own and their family's well being and health as well as others' roles. The only significant change was a **decrease** between baseline and interim results on the importance accorded to the feelings of others towards you.

Responses to the statements that addressed respondents' level of agreement with respect to responsibility showed similar distributions in levels of agreement. However, 5 percent or fewer respondents disagreed with any of the statements at interim, a decrease from 10 percent or fewer at baseline.

These results are consistent with the results found at baseline, which suggest that young parents do feel they have a responsibility for their own and their family's well-being and health. Nevertheless, they also see that government should bear some responsibility for health promotion.

TABLE 13
RESPONSIBILITY FOR HEALTH (percentages at T1 and T2)

| | | Not at all important | 1 | 2 | 3 | 4 | 5 | Very Important |
|--|----------|----------------------|------|------|------|------|---|----------------|
| Chance or luck | Baseline | 28.2 | 20.9 | 27.2 | 12.3 | 11.4 | | 0 2.58 |
| | Interim | 29.9 | 26.1 | 21.2 | 13.9 | 8.9 | | 0 2.47 |
| God or a spiritual power or force | Baseline | 11.6 | 8.8 | 21.7 | 22.1 | 35.8 | | 0 3.62 |
| | Interim | 9.3 | 7.7 | 21.9 | 28.7 | 32.5 | | 0 3.68 |
| The feelings of others towards you | Baseline | 3.4 | 10.6 | 29.5 | 37.8 | 18.7 | | 0 3.58 |
| | Interim | 2.2 | 6.9 | 42.2 | 38.5 | 10.3 | | 0 3.48 |
| | | Strongly Disagree | 1 | 2 | 3 | 4 | 5 | Strongly Agree |
| Health education is the responsibility of the family | Baseline | 2.9 | 6.9 | 23.3 | 28.0 | 39.0 | | 0 3.93 |
| | Interim | 1.1 | 4.2 | 28.9 | 34.4 | 31.4 | | 0 3.91 |
| What happens to a person's health depends on how they take care of themselves. | Baseline | 1.4 | 5.9 | 13.6 | 30.7 | 48.3 | | 0 4.19 |
| | Interim | .3 | 1.6 | 13.7 | 40.9 | 43.3 | | 0 4.26 |
| The government has a responsibility to provide resources for health promotion | Baseline | 1.6 | 6.7 | 15.6 | 31.8 | 44.3 | | 0 4.11 |
| | Interim | .1 | 2.9 | 18.4 | 38.1 | 40.6 | | 0 4.16 |

5. CONCLUSION

5.1 YOU'RE AMAZING PROGRAM REACH AND IMPACT

Several *You're Amazing* program elements were initiated between the time of the baseline survey and the interim survey conducted in February and March 1998. With regard to the apparent reach and impact of the program during this period, interviews of 423 parents indicated that fifteen percent (n=60) of them were aware of the program at the time they were interviewed in early 1998. Individuals who were aware of the *You're Amazing* program felt that it was a positive initiative and appreciated its messages. The main area for suggested improvement was to extend the reach of the program.

Of the 60 respondents who were aware of the program, 33 (55 %) were able to articulate what they thought was the program message. Sixty-two percent of these responses related to aspects included in *You're Amazing* messages, including family focus, balancing lifestyle, and positive attitudes. The other responses centred on elements that are not the focus of the *You're Amazing* program such as fitness, exercise, and healthy eating behaviours. While this level of awareness is considered successful by people experienced in social marketing, it may be reasonable to conclude that more

intensive effort and more focused messaging is required for the effective dissemination of the *You're Amazing* program.

5.2 BASELINE/INTERIM DIFFERENCES

Few statistically significant differences were found between baseline and interim responses measuring these young parents' awareness of the determinants of health. In some instances where statistically significant differences were found on answers to specific questions about health determinants, ratings actually decreased, suggesting less awareness of the importance of these health determinants over time. For example, while respondents at baseline rated income and education as having a considerable effect on well being and health, respondents at interim did not generally agree that relative levels of income and education affect levels of health.

Overall, these inconclusive results may be due to the limited reach and impact of the program during the short period of time since its launch. Alternatively, they could be due to factors beyond the control of the *You're Amazing* program, or to limitations of the quantitative research methods being used to detect changes among the sample selected for this program evaluation. The final survey of the young parents who have agreed to participate in this study will provide a window for determining whether the findings reported herein are sustained over time.

APPENDIX A
INTERIM SURVEY

"YOU'RE AMAZING" IMPLEMENTATION SURVEY #1

INTRODUCTION

Hello, my name is . I am calling from the
Population Research Laboratory at the University of Alberta.

MAY I PLEASE SPEAK TO (respondent's name) ?

You participated in a survey last April that asked about what you think and do about your own well-being and health. You agreed to let us call you back in about a year's time. Do you remember? We asked questions about what you think contributes to your family's well-being and health.

(IF ASKED, THIS SURVEY IS BEING CONDUCTED FOR ALBERTA HEALTH AND PARTNERS FOR HEALTH PROMOTION)

CALLBACK INTRODUCTION

Hello, my name is . I am calling from the
Population Research Laboratory at the University of Alberta. I
am calling back to complete an interview we had previously started.

I would like to interview you. I hope that now is a good time for you. Your opinions are very important so that health promotion planners in Alberta can make good decisions based on your views. This survey will last about 15 minutes. Could we begin now?

(INTERVIEWER MAY HAVE TO MAKE LATER APPOINTMENT IF THE INDIVIDUAL IS WILLING BUT THIS IS NOT A GOOD TIME.)

(IF NOT A GOOD TIME: Can we make an appointment to do this interview at a time that is convenient for you?)

RE-CONTACT:

(If respondent not willing to participate at this time, go to Question X1, at the end of the survey.)

Before we start I'd like to assure you that your participation is voluntary and that any information you provide will be kept confidential and anonymous. If there are questions that you do not wish to answer, let me know, and I'll go on to the next question. You, of course, have the right to end the interview at any time.

(OPTIONAL READ FOR RELUCTANT PARTICIPANTS: All the information you provide will be coded for computer analysis. Our findings will always be presented in group form. Your name and phone number will not appear anywhere in the data reported and only research personnel will have access to your phone number. If you have any questions about the survey, you can call (collect) to the Study Supervisor (in Edmonton) at 492-2505, between 9:00 a.m. and 9:30 p.m., for further information.)

*New Questions

You're Amazing Implementation Survey

Appendix A - 1

<A. DEMOGRAPHICS & VERIFICATION>

A1. (INTERVIEWER RECORD SEX OF RESPONDENT)

- <1> Male
- <2> Female

FIRST, I WOULD LIKE TO ASK YOU A FEW QUESTIONS ABOUT YOUR FAMILY STATUS, just to confirm some of the information you gave us in the first interview.

A2. What is your current marital status?

- <1> Never married (single)
- <2> Married and living with spouse
- <3> common-law relationship
- <4> living with a partner
- <5> divorced
- <6> separated
- <7> widowed
- <0> No response

A3. How old are you?

A4. (If married,) how old is your partner?

A5. How many children do you have?

<E. FAMILY WELL-BEING>

THE NEXT QUESTION IS ABOUT WHAT YOU THINK IS IMPORTANT FOR YOUR FAMILY'S WELL-BEING AND HEALTH.

E1. The well-being and health of a family is very complex. Considering all parts of your life, what contributes to your family's well-being & health?

(DO NOT READ LIST, DO NOT PROMPT: ENTER ALL RESPONSES)

- <1> love among family members
- <2> good job
- <3> financial security
- <4> good physical health
- <5> positive attitude
- <6> good coping skills/mental health
- <7> good nutrition
- <8> support from spouse
- <9> secure, stable home life
- <10> time with family
- <11> family organization (discipline and structure)
- <12> good communication
- <13> good education
- <14> supportive relationships with friends/family
- <15> spirituality

- <16> participation in religious activities
- <17> participation in community/school activities
- <18> other (specify) _____
- <19> Don't know/Don't understand question
- <20> No response/Exit

<K. PUBLIC PERCEPTIONS OF THE DETERMINANTS HEALTH>

THE NEXT FEW ITEMS ARE ABOUT WHAT YOU THINK IS IMPORTANT FOR **PERSONAL** WELL-BEING AND HEALTH.

On a scale of one to five, where **ONE MEANS NOT AT ALL IMPORTANT** and **FIVE MEANS VERY IMPORTANT**, please tell me how important each of the following is to your personal health.

- K1. A smoke-free environment
- K2. Physical environment in the workplace (for example, windows, clean space, good lighting, etc.)
- K3. Your relations with co-workers and managers
- K4. Environmental conditions in your neighbourhood
- K5. The amount of money you have available for the things you need.
- K6. Recreation and leisure time.
- K7. Regular physical activity such as exercise, sports or games
- K8. Participation in social and cultural activities
- K9. The physical and mental characteristics you inherit from your parents.
- K10. Your life experiences as a child
- K11. Adequate rest and sleep
- K12. A good diet
- K13. Control of stress
- K14. The health services you receive

Some people believe other things may also affect their personal health. Again, on a scale of one to five, where **ONE MEANS NOT AT ALL IMPORTANT** and **FIVE MEANS VERY IMPORTANT**, please tell me how important each of the following is to whether you are personally healthy.

- K15. Chance or luck
- K16. Your own feelings about yourself and life

- K17. Love and support of family and friends
- K17a. Receiving positive feedback
- K18. God or a spiritual power or force
- K19. The feelings of others towards you
- K20. Whether you feel you have lived a moral and decent life

<L. OTHER DETERMINANTS OF HEALTH>

In the previous sections, the items focused on your personal well-being and health. Now I am going to read statements about GENERAL WELL-BEING AND HEALTH.

Please tell me to what extent you agree or disagree with each one using a scale from one to five, where 1 means **STRONGLY DISAGREE** and 5 means **STRONGLY AGREE**.

- L1. Health education is primarily the responsibility of the family.
- L2. Communities that provide supports for families promote the well-being and health of children.
- L3. What happens to a person's health depends mainly on him or her.
(how they take care of themselves)
- L8. The government has a responsibility to provide resources for promoting the well-being and health of young families.
- L26. *Experiences of young children affect their adult health.
- L29. *People with higher incomes are healthier than people with lower incomes.
- L30. *The way a family gets along together affects their health.
- L33. *People with lower levels of education are more likely to have health problems.
- L34. *What happens to a person's health depends on the social supports that are available in the community.

NOW, on a scale of one to five, where 1 means **NO EFFECT** and 5 means **BIG EFFECT**, I would like you to tell me how much of an effect you think each of the following has on well-being and health in general.

- L9. Unemployment (Not having a job)
- L10. Income

***New Questions**
You're Amazing Implementation Survey

- L11. Housing
- L13. Education
- L14. Emotional stress
- L16. Crime
- L19. Immunization of children for preventable diseases.
- L20. Regular dental check-ups.
- L21. Regular medical check-ups
- L22. Injuries in the home
- L23. Participation in voluntary organizations, such as school groups, church groups, community or ethnic associations.
- L25. Social service programs and agencies that are easily accessible.
- L27. Public health clinics that are easily accessible.
- L28. *Baby's weight at birth.
- L31. *Chronic or frequent illness
- L32. *Air and water quality

<C. SELF-RATED HEALTH STATUS AND HEALTH BEHAVIOURS>

THE NEXT FEW QUESTIONS ASK ABOUT YOUR WELL-BEING AND HEALTH.

- C3. In general, how would you describe your current habits and lifestyle? Would you say they are: (READ)

- <1> very healthy
- <2> healthy
- <3> somewhat unhealthy
- <4> very unhealthy
- <5> don't know (volunteered)
- <0> no response

- C4. In general, compared with other people your age, would you say your physical health is: (READ)

- <1> excellent
- <2> very good
- <3> good
- <4> fair
- <5> poor
- <0> no response

C5. How would you rate your overall mental health or emotional well being (emotional health)? (READ)

- <1> excellent
- <2> very good
- <3> good
- <4> fair
- <5> poor
- <6> don't know (volunteered)
- <0> no response

N3. HEALTHY EATING means choosing a variety of foods with plenty of whole grains; eating fruit and vegetables; eating lower-fat dairy and meat products; and eating food prepared with little added fat.

I am going to read some statements describing different eating habits. Please select ONE that MOST closely describes your own eating habits. (READ)

- <1> I'm not concerned about my eating habits and don't plan to change right now.
- <2> I have been thinking about changing my eating habits but I just can't get started.
- <3> I have healthy eating habits once in a while, but not regularly.
- <4> I have healthy eating habits, but have just started in the past 6 months.
- <5> I have had healthy eating habits for more than 6 months.

- 6> Don't know (VOLUNTEERED)
- 0> No response

N7. Do you feel that you get as much exercise as you need, or less than you need? (READ)

- <1> As much as needed
- <2> Less than needed
- <3> Don't know
- <0> No response

<*YOU'RE AMAZING PROGRAM>

In June, 1997, Alberta Health launched a health promotion campaign called "You're Amazing" that is geared towards young parents and their families. We are interested in finding out what you know about it.

Y1. Have you heard of the "You're Amazing" program?

- <1> Yes (ask Y1a)
- <2> No (ask Y2)
- <3> Don't know (ask Y2)
- <0> No response (ask Y2)

Y1a. Where or how did you find out about it?
(select all that apply)

- <1> Rodeo, fair, festival
- <2> Credit Union
- <3> Radio
- <4> Newspaper article (specify)
- <5> Newspaper ad (Calgary's Child)
- <6> Calendar
- <7> Brochure
- <8> Bookmark
- <9> Poster
- <10> Other (specify)
- <11> Don't know
- <0> No response

<You Ought to be in Pictures>

Last summer (1997) the "You're Amazing" program sponsored the "You Ought to be in Pictures" display at festivals, rodeos and fairs throughout the province. (The display was a billboard of pictures of families along with their tips for healthy living. Each family/person who had their picture taken and provided a tip was entered into a prize draw that took place in September.)

Y2. Did you see this display?

- <1> Yes (Ask Y2a)
- <2> No
- <3> Don't know
- <0> No response

(If respondent has not heard of "You're Amazing" or did not see "You Ought to Be in Pictures," go to Y10.)

Y2a. Did you have your picture taken and/or write down a tip for healthy living?

- <1> Yes
- <2> No
- <3> Don't know
- <0> No response

(If respondent has not heard of "You're Amazing" or "You Ought to Be in Pictures," go to Y10.)

Y2b. Could you tell me where you saw the display?

<Radio Promotion>

Last summer (1997) the "You're Amazing" program was also promoted on the radio by CISN-FM in Edmonton and KISS-FM and 66CFR-AM in Calgary.

Y3. Do you listen to any of these stations?

- <1> Yes (Ask Y3a)
- <2> No (Go to Y4)
- <3> Don't know (Go to Y4)
- <0> No response (Go to Y4)

Y3a. Did you hear about, or participate in these promotions?

- <1> Yes, heard it on the radio
- <2> Yes, participated in the call-in
- <3> Don't know
- <0> No response

Y3b. Which station do you listen to? (READ)

- <1> 66CFR-AM (Calgary)
- <2> KISS-FM (Calgary)
- <3> CISM-FM (Edmonton)
- <4> Don't know
- <0> No response

<Calendar>

The "You're Amazing" program has distributed a calendar for 1998.

Y4. Have you seen or do you have a "You're Amazing" calendar?

- <1> Yes, have one. (Ask Y4a)
- <2> Yes, have seen it. (Ask Y4b)
- <3> No (Ask Y5)
- <4> Don't know (Ask Y5)
- <0> No response (Ask Y5)

Y4a. (If respondent has one) Where did you get it?

- <1> Day care centre
- <2> Family day home
- <3> Public Health Centre
- <4> Christmas Bureau
- <5> Salvation Army
- <6> Other (specify) _____
- <7> Don't Know
- <0> No Response

Y4b. (If respondent has seen one) Where did you see it?

- <1> Day care centre
- <2> Family day home
- <3> Public Health Centre
- <4> Christmas Bureau
- <5> Salvation Army
- <6> Other (specify) _____
- <7> Don't Know
- <0> No Response

<Brochure>

Y5. Have you seen any brochures from the "You're Amazing" program?

- <1> Yes, have one. (Ask Y5a)
- <2> Yes, have seen it. (Ask Y5b)
- <3> No (Ask Y6)
- <4> Don't know (Ask Y6)
- <0> No response (Ask Y6)

Y5a. Where did you see/get it?

<Poster>

Y6. Have you seen the "You're Amazing" poster?

- <1> Yes, have one. (Ask Y6)
- <2> Yes, have seen it. (Ask Y6)
- <3> No (Ask Y7)
- <4> Don't know (Ask Y7)
- <0> No response (Ask Y7)

Y6a. Where did you see/get this?

<Novelties>

The "You're Amazing" program has also distributed pencils, bookmarks, t-shirts, ball caps, and frisbees.

Y7. Have you seen or do you have any of these items?

- <1> Yes, have one. (Ask Y7a)
- <2> Yes, have seen it. (Ask Y7a)
- <3> No (Ask Y8)
- <4> Don't know (Ask Y8)
- <0> No response (Ask Y8)

Y7a. Where did you get/see it?

- <1> Display at a rodeo or fair
- <2> Radio promotion
- <3> Credit Union
- <4> Other (specify) _____
- <5> Don't Know
- <0> No Response

<Message>

The next few questions are about what you think about the "You're Amazing" program and the things that Alberta Health has done to promote the program.

Y8. What message or messages did you get from the "You're Amazing" program?

Y8a. Of what you have seen from "You're Amazing" program, do you think this is a good way to reach young parents?

- <1> Yes
- <2> No
- <3> Don't know
- <0> No response

Y8b. What do you think is good about the "You're Amazing" program?

Y8c. What could be done to improve the "You're Amazing" program?

<Sponsors>

Y9. The "You're Amazing" program is sponsored by Alberta Health and other contributing sponsors and partners. Do you recall, from the materials you have seen, who the other sponsors and partners are? <Select all that apply.>

- <1> Credit Union
- <2> Pfizer Pharmaceutical
- <3> Alberta Health Authorities (RHAs)
- <4> Other (specify)
- <5> Don't recall
- <0> No response

<OTHER HEALTH PROMOTION INITIATIVES>

The "You're Amazing" program is just one of many different initiatives that talks about things that affect well-being and health and ways to improve well-being and health. Health service providers, social service programs, insurance companies, and even advertisements for consumer products promote well-being and health.

Y10. Have you seen or heard messages about well-being and health from any of the following sources? (READ: Select All that apply)

- <1> Television advertising
- <2> Television programs
- <3> Social or community program
- <4> Radio advertising
- <5> Radio programs
- <6> Magazine articles
- <7> Newspaper articles
- <8> Magazine or newspaper advertisements
- <9> Public Health Centre
- <10> Other (specify) _____
- <11> Don't Know
- <0> No Response

<CONTACT VARIABLES>

THANK YOU FOR TAKING THE TIME TO DO THIS INTERVIEW. AS THE STUDY IS PART OF A CONTINUING PROGRAM TO IMPROVE THE WELL-BEING AND HEALTH OF ALBERTANS, WE WOULD LIKE TO CALL YOU BACK ONE YEAR FROM NOW.

X1. Would you be willing to be interviewed again one year from now?

<1> Yes (continue to Contact Questions)

<2> No (go to end of survey)

<0> NO RESPONSE (go to end of survey)

X3. WOULD YOU PLEASE GIVE US YOUR NAME AND ADDRESS AGAIN SO THAT WE CAN BE SURE WE HAVE IT RIGHT WHEN CONTACT YOU FOR THE NEXT INTERVIEW.

Name:

Address:

Phone number : (area code)

X4. WOULD YOU PLEASE GIVE US THE NAME, ADDRESS AND PHONE NUMBER OF TWO PEOPLE WHO WILL KNOW YOUR WHEREABOUTS IN A YEAR SHOULD YOU NOT BE AT THIS

ADDRESS. CONTACT #1:

Name:

Address:

Phone number: (Area Code)

WOULD YOU PLEASE GIVE ME A NAME ADDRESS AND PHONE NUMBER OF A SECOND PERSON.

CONTACT #2:

Name:

Address:

Phone number: (area code)

THANK YOU FOR YOUR TIME
WE HAVE REACHED THE END OF THE SURVEY

APPENDIX B

ATTRITION DIFFERENCES

Table 14
Attrition Response Differences (all determinants)

| Question | Mean Baseline & Interim (n=423) | Mean Baseline only (n=149) | Significance * <.05 ** <.01 |
|---|--|---|--|
| Income & Social Supports | | | |
| K5. Amount of money available for the things you need | 4.05 | 4.24 | * |
| L10. Income | 4.52 | 4.29 | ** |
| Social Support Networks | | | |
| K8. Participation in social & cultural activities | 3.53 | 3.61 | |
| K17. Love and support of family and friends | 4.69 | 4.82 | * |
| K17a. Receiving positive feedback | 4.46 | 4.53 | |
| L2. Communities that provide supports for | 1.77 | 1.73 | |
| L23. Participation in voluntary organizations | 3.7 | 3.72 | |
| L25. Social service programs - easily accessible | 4.11 | 3.95 | |
| Healthy child development | | | |
| K10. Life experiences as a child | 4.03 | 4.01 | |
| Coping skills | | | |
| K6. Recreation and leisure time | 4.05 | 4.05 | |
| K13. Control of stress | 4.39 | 4.53 | |
| K16. Feelings about yourself and life | 4.46 | 4.5 | |
| K20. You have lived a moral and decent life | 4.29 | 4.35 | |
| L14. Emotional stress | 4.33 | 4.46 | |
| Employment and working conditions | | | |
| K2. Physical environment in the workplace | 4.47 | 4.46 | |
| K3. Relations with co-workers and manager | 4.47 | 4.52 | |
| L9. Unemployment | 4.56 | 4.57 | |
| Education | | | |
| L13. Education | 4.7 | 4.58 | |
| Physical environments | | | |
| K1. Smoke free environment | 4.03 | 4.22 | |
| K4. Environmental conditions in neighbourhood | 4.52 | 4.47 | |
| L11. Housing | 4.31 | 4.24 | |
| L16. Crime | 4.24 | 4.37 | |
| L22. Injuries in the home | 4.18 | 4.06 | |
| Biology and genetic endowment | | | |
| K9. Inherited physical and mental characteristics | 3.48 | 3.66 | |
| Personal health practices | | | |
| K7. Regular physical activity | 4.11 | 4.1 | |
| K11. Adequate rest & sleep | 4.38 | 4.48 | |
| K12. A good diet | 4.57 | 4.52 | |
| Health services | | | |
| K14. Health services you receive | 4.5 | 4.54 | |
| L19. Immunization | 4.72 | 4.56 | * |
| L20. Regular dental check-ups | 4.37 | 4.25 | |
| L21. Regular medical check-ups | 4.52 | 4.39 | |
| Other | | | |
| K15. Chance or luck | 2.86 | 2.52 | ** |
| K18. God or a spiritual power or force | 3.64 | 3.7 | |
| K19. The feelings of others towards you | 3.66 | 3.62 | |
| L1. Health education is responsibility of | 2.03 | 2.12 | |
| L3. People take care of themselves | 1.84 | 1.87 | |
| L8. Government has responsibility to provide services | 1.82 | 1.87 | |

APPENDIX C

FACTORS CONTRIBUTING TO FAMILY WELL-BEING AND HEALTH

FACTORS CONTRIBUTING TO FAMILY WELL-BEING AND HEALTH
(Results reported are based on respondents who participated both at baseline and interim)

TABLE 15
FACTORS CONTRIBUTING TO FAMILY WELL-BEING & HEALTH
(Percentages total more than 100% because respondents could provide up to 4 responses at baseline (T1) and had unlimited responses at interim (T2))

| | % T1 | % T2 | | % T1 | % T2 |
|--|------|------|---------------------------------------|------|------|
| Income & Social Status | | | | | |
| Financial security | 19.1 | 26.9 | Saving money/budgeting | .1 | |
| Improved standard of living | .2 | | | | |
| Social Support Networks | | | | | |
| Time with family | 27.2 | 39.6 | Participation in religious activities | 3.0 | 8.6 |
| Love among family members | 13.1 | 14.7 | Participation in community/school | 2.6 | 10.7 |
| Supportive relationships | 9.4 | 20.3 | Having a social life | .1 | .1 |
| friend/family | | | | | |
| Spirituality | 3.8 | 4.5 | Laws that reduce crime | .3 | .6 |
| Support from spouse | 3.4 | 4.2 | | | |
| Personal Health Practices | | | | | |
| Good nutrition | 39.8 | 38.5 | No alcohol | .4 | |
| Better sleep | 1.1 | .1 | Hygiene | .4 | |
| No smoking | 1.3 | | Alternative remedies | .2 | |
| Lifestyle | .8 | .8 | | | |
| Coping Skills | | | | | |
| Good communication | 10.0 | 12.8 | Increased leisure time | .2 | .6 |
| Good coping skills/mental health | 6.7 | 11.4 | Work more/less | .3 | |
| Positive attitude | 6.2 | 7.2 | | | |
| Child Development | | | | | |
| Stable secure home life | 20.9 | 30.1 | Family organization | 4.8 | 14.0 |
| Employment & Working Conditions | | | | | |
| Good job | 6.1 | 11.5 | | | |
| Education | | | | | |
| Good education | 4.8 | 8.1 | | | |
| Physical Environments | | | | | |
| Country living | 2.1 | .1 | Clean house | .5 | .2 |
| No smoking in home | .6 | | Safe house | .5 | .9 |
| Safe neighbourhood | .7 | .1 | Location of home | .2 | .8 |
| Clean pollution-free neighbourhood | .9 | 2.6 | | | |
| Health Services | | | | | |
| Preventive dental care | | .6 | Preventive medical care | | 2.1 |
| Good healthcare | 1.5 | 1.4 | Available accessible healthcare | .2 | 1.6 |
| Biology & Genetic Endowment | | | | | |
| Good physical health | 30.9 | 45.9 | | | |
| Don't Know | 5.8 | 2.6 | Other | .1 | .1 |

APPENDIX D

OTHER SELECTED DETERMINANTS OF HEALTH

OTHER SELECTED DETERMINANTS OF HEALTH

The following tables provide a comparison between baseline and interim responses regarding awareness of selected determinants that are not the focus of the *You're Amazing* messages. A paired samples analysis was carried out to determine whether there were any significant differences ($p < .05$) between baseline and interim responses. Significant differences are set in bold type.

Personal Health Practices

Personal health practices continue to be rated as very important. There were no significant differences between means of questions related to personal health practices from baseline to interim, although the means on each of these measures increased.

| TABLE 16 PERSONAL HEALTH PRACTICES (percentages at T1 and T2) | | | | | | | |
|--|----------|-----|-----|------|------|------|----------------|
| Not at all Important | | 1 | 2 | 3 | 4 | 5 | Very Important |
| Regular physical activity | Baseline | 1.7 | 4.8 | 13.3 | 34.7 | 45.5 | 0 4.18 |
| | Interim | .1 | 1.4 | 14.7 | 40.1 | 43.7 | 0 4.26 |
| Adequate rest/sleep | Baseline | 1.5 | 3.5 | 7.5 | 24.5 | 62.9 | 0 4.44 |
| | Interim | 0 | 1.5 | 9.1 | 25.5 | 63.9 | 0 4.52 |
| A good diet | Baseline | .7 | 1.9 | 5.8 | 27.6 | 63.9 | 0 4.52 |
| | Interim | 0 | .2 | 7.6 | 27.3 | 64.9 | 0 4.57 |

Education

There was a significant difference between means related to the importance of education; respondents at the time of the interim survey accorded **less importance** to education than at baseline.

| TABLE 17 EDUCATION (percentages at T1 and T2) | | | | | | | |
|---|----------|------|------|------|------|------|----------------|
| No Effect | | 1 | 2 | 3 | 4 | 5 | Big Effect |
| Education | Baseline | 1.7 | 0 | 6.4 | 21.9 | 70.0 | 0 4.58 |
| | Interim | 2.1 | 4.9 | 25.3 | 33.3 | 34.4 | 0 3.93 |
| Strongly Disagree | | 1 | 2 | 3 | 4 | 5 | Strongly Agree |
| People with lower levels of education are more likely to have health problems | | | | | | | |
| (Interim only) | | 21.7 | 25.7 | 30.1 | 17.0 | 5.6 | 0 2.59 |

An additional question related to this determinant was asked in the interim survey, which emphasized the gradient effect of educational levels on health. The responses to this question are considerably different in that less than one quarter of parents (22.6%) agreed

with the statement, almost one-third (30.1% were neutral, and almost one half (47.4%) disagreed that people with lower levels of education are more likely to have health problems. Similar results were obtained regarding the income gradient effect.

Physical Environments

There were significant differences in the means of four measures of physical environment. Parents at interim rated the general statement "environmental conditions in the neighborhood" as having **greater importance** than at baseline. However, the importance of three other more specific indicators **decreased** at interim: housing, crime, and injuries in the home.

An additional question related to air and water quality on the interim survey revealed that over 90% of parents viewed this having a big effect on health, and less than 1% rated it as having no effect. This corresponds to the high importance rating given to environmental conditions in neighbourhoods.

TABLE 18
PHYSICAL ENVIRONMENTS (percentages at T1 and T2)

| | | Not at all Important | 1 | 2 | 3 | 4 | 5 | Very Important |
|---|--------------|----------------------|-----|------|------|------|------------|----------------|
| Smoke free environment | Baseline | 8.0 | 4.3 | 11.9 | 11.1 | 64.8 | | 0 4.21 |
| | Interim | 7.0 | 6.1 | 14.7 | 14.8 | 57.4 | | 0 4.12 |
| Environmental conditions in neighbourhood | Baseline | .2 | 1.4 | 11.6 | 24.8 | 62.0 | | 0 4.47 |
| | Interim | .1 | .1 | 8.3 | 28.7 | 62.7 | | 0 4.54 |
| | No Effect | | | | | | Big Effect | |
| Housing | Baseline | 1.1 | 2.0 | 17.3 | 30.7 | 48.9 | | 0 4.24 |
| | Interim | .9 | 4.5 | 23.6 | 36.8 | 34.2 | | 0 3.99 |
| Crime | Baseline | 2.3 | 2.0 | 11.0 | 29.2 | 55.5 | | 0 4.35 |
| | Interim | 1.8 | 4.1 | 26.4 | 29.6 | 38.1 | | 0 4.00 |
| Injuries in the home | Baseline | 2.1 | 2.7 | 25.3 | 31.2 | 38.7 | | 0 4.03 |
| | Interim | 1.0 | 5.6 | 25.3 | 37.6 | 30.4 | | 0 3.90 |
| Air and water quality | Baseline | | | | | | | |
| | Interim Only | 0 | .8 | 6.0 | 30.1 | 63.0 | | 0 4.56 |

Health Services

While health services overall are given high importance ratings, there was a significant **decrease** in the importance assigned to two indicators of health care services on the interim survey: health services and accessible social service programs/agencies. At the

same time, there was a significant increase in the mean rating of the effect of immunization on well-being and health.

An additional question regarding the importance of accessible public health clinics revealed that fully 90% of young parents view this service as important, with 45% giving it a rating of 5.

TABLE 19
HEALTH SERVICES (percentages at T1 and T2)

| | | Not at all Important | 1 | 2 | 3 | 4 | 5 | Very Important |
|--|--------------|----------------------|-----|-----|------|------|------|----------------|
| Health services you receive | | | | | | | | |
| | Baseline | | .7 | 1.7 | 5.8 | 24.1 | 67.7 | 0 4.56 |
| | Interim | | .1 | .8 | 10.2 | 28.2 | 60.7 | 0 4.49 |
| | | No Effect | | | | | | Big Effect |
| Immunization | | | | | | | | |
| | Baseline | | 2.4 | 1.5 | 4.7 | 22.0 | 69.4 | 0 4.54 |
| | Interim | | 1.0 | .9 | 5.3 | 19.2 | 73.6 | 0 4.63 |
| Regular dental check-ups | | | | | | | | |
| | Baseline | | 1.3 | 3.4 | 10.4 | 37.2 | 47.7 | 0 4.27 |
| | Interim | | .6 | 2.3 | 14.3 | 35.0 | 47.8 | 0 4.27 |
| Regular medical check-ups | | | | | | | | |
| | Baseline | | 2.2 | 1.5 | 7.9 | 32.1 | 56.4 | 0 4.39 |
| | Interim | | .1 | .7 | 10.7 | 32.0 | 56.5 | 0 4.44 |
| Social Service programs/ agencies that are easily accessible | | | | | | | | |
| | Baseline | | 3.5 | 3.2 | 24.2 | 34.8 | 34.3 | 0 3.93 |
| | Interim | | 2.1 | 3.6 | 32.8 | 39.5 | 22.1 | 0 3.76 |
| Accessible Public Health Clinics | | | | | | | | |
| | Interim only | | .7 | .7 | 8.6 | 44.8 | 45.2 | 0 4.33 |

Biology & Genetic Endowment

There were no significant differences in means on the importance of genetic endowment on health. An additional question relating to chronic/frequent illness revealed that over half of respondents (53%) rated this factor as having a big effect on health.

TABLE 20
BIOLOGY & GENETIC ENDOWMENT (percentages at T1 and T2)

| | | Not at all Important | 1 | 2 | 3 | 4 | 5 | Very Important |
|---|--------------|----------------------|-----|------|------|------|------|----------------|
| Inherited physical & mental characteristics | | | | | | | | |
| | Baseline | | 5.8 | 8.5 | 27.7 | 30.2 | 27.9 | 0 3.67 |
| | Interim | | 3.8 | 11.5 | 31.2 | 31.1 | 22.4 | 0 3.57 |
| | | No Effect | 1 | 2 | 3 | 4 | 5 | Big Effect |
| Chronic/frequent illness | | | | | | | | |
| | Interim Only | | .5 | 1.6 | 9.4 | 35.9 | 52.7 | 0 4.39 |